

**NORFOLK FAMILY WALK REGISTRATION FORM
(ONE PER PARTY)**

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Title.....First Name.....Surname.....
Title.....First Name.....Surname.....
House Name/No.....
Postcode.....
Email _____

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House Name/No.....
Postcode.....
Email _____

Please email me occasional newsletters **Yes/No**
I am already on Astro Fund mailing list **Yes/No**
*I give permission for any photographs taken today to appear on ABTF website or Facebook **Yes/No (if no, please do not allow us to take pic at finish of walk)***

Please email me occasional newsletters **Yes/No**
I am already on Astro Fund mailing list **Yes/No**
*I give permission for any photographs taken today to appear on ABTF website or Facebook **Yes/No (if no, please do not allow us to take pic at finish of walk)***

I/we are walking 1 / 3 / 6 / 10 miles in a party
of.....adults.....children.....dogs

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of.....adults.....children.....dogs

I am being sponsored for the approx amount of £.....

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Total amount paid today (including registration fees and donations) £..... I wish this amount to be Gift Aided Yes/No

Total amount paid today (including registration fees and donations) £..... I wish this amount to be Gift Aided Yes/No

Signed.....

Signed.....

If you are a tax payer, your payment can be Gift Aided which means that Astro Brain Tumour Fund can claim another 25% from the Inland Revenue. To do this, you must pay an equivalent amount of income tax in the current tax year.

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My inspiration for taking part in the walk is:
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Thank you so much for supporting this event!

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